PTO/SBAB (85-00)
Approved for use Outcuph 450/2004, Oxig 0051-0002
U.S. Petuni and Transment Office, U.S. OEP/ARTHERT OF CONSIGNOR
D a collection of Information unions I (single) a solid CRB coreted number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-675 -19 . O Chains as FILED - PART I OTHER THAN SMALL BYTTY OR SWALL ENTITY (Column 2) NUMBER EXTRA RATE FEE SATE M MOSER CE CO cre SANC FEE D7 OFR 1.16(4)) . OR x : 18: **CR** GT CFR LINKE POPERDENT CLARES ..86. * : 43 · OR · eiènes 20 4 .,290 <u>+:145</u>-MIATIPLE DEPENDENT CLASH PRESENT 67 CFR 1.1660) Œ If the difference in column 1 is less than zero, enter "O" in column 2. OR TOTAL TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Cotamo 2) (Column 3) SWALL ENTITY CLAMS HOCHEST PRESENT ADOI-TIONAL FEE RATE ď REMARKING MANBER PREVIOUSLY RATE ADDI-TIONAL EXTRA 눔 AFTER **EXCOMENT** FEE PAID FOR ..9 x.18. Total 0 OR x : 26. ..290 +145. FERT PRESENTATION OF MALTPLE DEPENDENT CLASS OF GFR 1.88(4) œ TOTAL ADD'L FEE / OR ADO'L FEE • :: (Column 1) (Cotumn 2) . . HIGHEST CLANS RATE PRESENT TIONAL TIONAL ADDI: RATE REMARCHO. NUMPER. EXTRA FEELIL REE PAID FOR x . 9 . <u> 18 .</u> نتا TOLE OF USED OR: × 26. xs.43. an! :290-..145. ស្តាំ . . នាយ ក**្**ង FIRST PRESENTATION OF MULTIPLE DEPOIDERT CLAIM (\$7 GFR 1.95(4)) OR: TOTAL TOTAL ADOL FEE ADD'L FEE (Column 1) (Cotumn 2) HIGHEST CLANS PRESENT ADO:-TIONAL FEE RATE ADDL NUMBER PREVIOUSLY RATE REMAINING TIONAL EXTRA AFTER NOMENT ·FEE <u>..9</u> Minus x = 192 -Total co con unico OR × 143 · 2386° OR . 290 ٠.١٢٤٠ OR FIRST PRESENTATION OF MATPLE COPE COM DO OFR 1.1((41) TOTAL TOTAL ADD' FEE OR ADOL FEE

* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

* If the "Highest Number Previously Paid For" IN THIS "PACE is less than 20, enter "20".

* If the "Highest Number Previously Paid For" IN THIS "PACE is less than 20, enter "20".

* If the "Highest Number Previously Paid For" (I thid or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or within a benefit by public which is to the (and by the USPTO to process) an application. Condensating by governed by 35 U.S.C. 122.and 37 CFR 1.14. This collection is estimated to table 12 minutes to complete, including goldwarks, preparing, and exhabiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the record of the you require to complete this form another suggestions for reducing this burnow, should be seen to the Crief information Officer, U.S. Patient and Transferment Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Petants, P.O. Box 1450, Alexandria, VA 22313-1450.

d you need assistance in comploting the form, call 1-800-PTO-9199 and select option 2.